

U010440-6 PATENT Attorney's Docket No. . COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR C-I-P) As a below named inventor, I hereby declare that: TYPE OF DECLARATION This declaration is of the following type: (check one applicable item below) original design supplemental NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items. national stage of PCT NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P. ☐ divisional continuation continuation-in-part (C-I-P)

#### INVENTORSHIP IDENTIFICATION

**WARNING:** If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### TITLE OF INVENTION

MULTICOMPONENT CLOSTRIDIAL VACCINES USING SAPONIN ADJUVANTS

(Declaration and Power of Attorney [1-1]-page 1 of 6)





#### SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))
(a)  is attached hereto.
(b) ☑ was filed on September 29, 1995 as ☐ Serial No. 0 /_ or ☑ Express Mail No., as Serial No. not yet known EF389775541
and was amended on (if applicable).
NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.
(c) was described and claimed in PCT International Application No.
amended under PCT Article 19 on (if any).
ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56
(also check the following items, if desired)
and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.
PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))
I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)—(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.
(complete (d) or (e))
(d) no such applications have been filed.
(e)  such applications have been filed as follows.
NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

(Declaration and Power of Attorney [1-1]-page 2 of 6)

# PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)		CLAIMED 7 USC 119
			☐ YES	NO 🗆
			☐ YES	NO 🗆
			☐ YES	NO 🗆
			☐ YES	NO 🗆
			☐ YES	NO 🗆

### CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

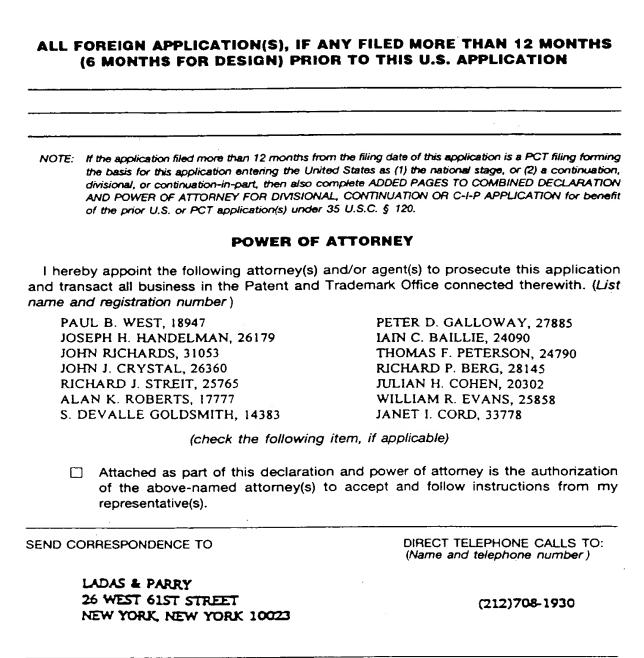
I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVIS	ONAL APPLICATION NUMBER	FILING DATE
	/	
	/	
	1	

### CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN PART (C-I-P) APPLICATION.

(Declaration and Power of Attorney [1-1]—page 3 of 6)



#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other Full name of sole or first inventor David s. ROBERTS FAMILY (OR LAST NAME) (MIDDLE INITIAL OR NAME) (GIVEN NAME) Inventor's signature \_ USA Date 5 James 1996 Country of Citizenship. LINCOLN, NEVEDA Post Office Address 1020 ROCKHURST DRIVE, LINCOLN NEVADA 68510 Full name of second joint inventor, if any FAMILY (OR LAST NAME) (MIDDLE INITIAL OR NAME) (GIVEN NAME) Inventor's signature \_\_\_\_\_ \_\_\_\_\_ Country of Citizenship \_\_\_ Residence \_\_\_\_\_ Post Office Address \_\_\_\_\_ Full name of third joint inventor, if any (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME) (GIVEN NAME) Inventor's signature \_\_\_\_ Country of Citizenship \_\_\_\_\_ Residence \_\_\_ Post Office Address \_\_\_\_

(Declaration and Power of Attorney [1-1]—page 5 of 6)

(check proper box(es) for any of the following added page(s) that form a part of this declaration) ☐ Signature for fourth and subsequent joint inventors. Number of pages added Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_ ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \_\_\_\_\_ ☐ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47). Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application. Number of pages added \_\_\_\_\_3 ☐ Authorization of attorney(s) to accept and follow instructions from representative. (if no further pages form a part of this Declaration, then end this Declaration with this page and check the following item) ☐ This declaration ends with this page.

U 010440-6 Attorney's Docket No.
ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION
(complete this part only if this is a divisional, continuation or C-I-P application)
CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120
I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information
(also check the following item, if desired)
and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would conside it important in deciding whether to allow the application to issue as a patent
that occurred between the filing date of the prior application(s) and the national or PC1 nternational filing date of this application.

(also check the following item, if desired)

In compliance with this duty, there is attached an information disclosure statement in accordance with 37 C.F.R. 1.98.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120: Status (check one) U.S. APPLICATIONS U.S. APPLICATIONS | U.S. FILING DATE Patented Pending Abandoned 1.0 /\_\_\_\_\_ 2. 0 /\_\_\_\_\_ 3.0 /\_ PCT APPLICATIONS DESIGNATING THE U.S. PCT APPLI-**PCT FILING** U.S. CATION NO. **APPLICATION** DATE NOS. ASSIGNED (if any) PCT/US94/ Mar.29,1993 4.03395 0 /\_\_\_\_\_ 0 /\_\_\_\_\_ 0 /\_\_\_\_





## 35 USC 119 PRIORITY CLAIM, IF ANY, FOR ABOVE LISTED U.S./PCT APPLICATIONS

ABOVE APPLICATION NO.	DETAILS OF FOREIGN APPLICATION FROM WHICH PRIORITY CLAIMED UNDER 35 USC 119							
	Country and Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)					
1.								
2.								
3.								
4.	U.S. 08/038,428	Mar. 29, 1993						
5.								
6.								





PTO/SB/01(12/97) Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR		Attorney Docket Number	PC9047B		
	DESIGN	First Named Inventor	David S. Roberts	_	
PATENT APPLICATION		COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Number	08/536,970		
Declaration submitted with Initial Filing	Declaration Submitted after Initial	Filing Date	September 29, 1995		
	Filing (surcharge 37 CFR 1.16 (e))	Group Art Unit	1641		
<b>.</b>	required)	Examiner Name	V. Portner		

			Examine Hame		V. F Ortifici				
		· · ·							
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
MULTICOMPONENT CLOSTRIDIAL VACCINES USING SAPONIN ADJUVANTS									
		(Title	of the Invention)	-					
the specification of which is attached hereto		·	·						
OR ☑ was filed on (MM/DD/	MYY) [09	9/29/95	as Unite	d States Application N	umber or PCT Inter	national			
Application Number 08/536,970 and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority certificate, or 365(a) of any F America, listed below and ha or of any PCT international a	PCT internation ve also identific	al application whice below, by check	th designated at least of king the box, any foreign	one country other the properties of the properti	ean the United Sta Itent or inventor's	ates of			
Prior Foreign Application Number(s)	Countr		eign Filing Date MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached? NO			
Additional foreign application	n numbers are	listed on a supple	mental priority data sh	eet PTO/SB/02B at	tached hereto:				
I hereby claim the benefit un									
Application Number	Ţ								
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PTO/SB/01 (12/97) Approved for use through 09/30/2000. OMB 0651-0032

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

	DECLARATION Utility or Design Patent Application											
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.												
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PCT/US94/	J/03395			03/29/94								
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		International appl										
As a named in	nventor, I hereb	by appoint the follo	owing register	ered practitione							usiness in the	ne Patent
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	Name		T	Registration Number	<del></del>			Name				Registration Number
Peter C. Ri	ichardson		<b></b>	27,526		Mark	Dryer				i	28,775
Allen J. Spi	oiegel	,	1	25,749		Lawre	ence C.		ers	J	i	28,587
Paul H. Gin	nsburg	,	1	28,718		1	an Olso			)	i	31,185
J. Trevor Lu		,	1	28,567 30,561		1	in E. Bro ie M. Fe			)	i	32,723 33,688
James T. Jo Grego C. B		,	1	30,561 30,977			ne M. Fe n C. Ziel			)	i	33,688 34,462
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Lorraine B.	•	,	1	35,251			na L. Ko eth B. B			)	i	37,864 36,259
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Jennifer A.		,	1	40,049		Grego	ory P. R	Raym	ner	)	i	36,647
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Israel Nisse			<u></u>	27,582			. Waldı				<del></del>	42,208
Additio	nal registered	practitioner(s) nam	ned on supple	emental Regis	tered Pract	titioner Infor	mation sh	heet P	2TO/SB/0	2C atta	sched hereto	).
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Name	Paul H. Gin	ebung							-			
	Pfizer Inc	isoury							-			
Address	<del> </del>	0-4 Street 20th	Floor									
Address	<del></del>	2nd Street, 20th	FIOOI	State		New York			Zip Co	ode	10017-57	:755
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David S. Inventor's					Roberto	<u> </u>				Date	.e	
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■ Addition	ional inventor	rs are being nam	ned on the 🤈	_ supplemen*	tal Additio	onal Inveri	or(s) sir	neer(s	<i>ن</i> ) ۲۱0/3	الكاراكاء	· aπacrieu	nereto.





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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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#### DECLARATION

#### ADDITIONAL INVENTOR(S) Supplemental Sheet

Al & A dikional lai	nt Inventor if a	unv:	A peti	tion has h	een filed for th	is unsigned inve	entor		
Name of Additional Joint Inventor, if any: A peti Given Name (first and middle [if any])					tion has been filed for this unsigned inventor  Family Name or Surname				
Don A.				Dearwester					
Inventor's Signature	T	ou a	(C)	aw	estin		Date	7-30-99	
Residence: City	Westerly	<u> </u>	State	RI	Country	USA	Citizenship	USA	
Post Office Address	Pfizer Inc.								
Post Office Address	Eastern Point Road								
City	Groton	State	СТ	Zip	06340	Country	USA		